

COMMRECEIVED

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## Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	GOPAL DEL	LAWARE		<del></del>
Account Number: //03	36	-:	Date of t	his Report: 10/30/06
REPORTING PERIOD:	FROM:	10/10/06	_ TO:	10/30/06
Check the box that applies to	o this report:			
Primary Election General Election Other Election Special Election	□ 8-DAY □ 8-DAY □ 8-DAY □ 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY		Office: N/A
Year End Report	Final Organ	nization Closing		Closing Date:
regulations regarding Camp	aign Finance and t	the election process in	the State of	urate and correct. I agree to abide by all rules and Delaware. I understand that representatives from nation provided on this report.
Ton Moz				10-30-06
TREASURER SIGNATURE				DATE
CANDIDATE SIGNATURE				DATE



### STATEMENT OF ACCOUNT BALANCE

A	CCOUNT #:	110336 RE	PORTING PERIOD:	10/10/06	10/30/06
				FROM	то
1.		G BALANCE		_	200.
	(Close Out	Balance from last reporting period)			
2.	RECEIPTS:				
	Α.	SCHEDULE A – TOTAL RECEIPTS		_	1800.
	В.	SCHEDULE C-1 - TOTAL IN-KIND CO	NTRIBUTIONS	_	0
	C.	SCHEDULE D-1 - TOTAL LOANS REC	EIVED	5 <u>-</u>	0
	D.	SCHEDULE E – TOTAL EXPENSE REII	MBURSEMENTS RECEI	VED _	0
	E. SUB	TOTAL (Total of A, B, C, D)		_	1800.
3.	EXPENDIT	URES:			
	F.	SCHEDULE B – TOTAL EXPENDITURI	ES	_	1800.
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXI	PENDITURES	_	0
	н.	SCHEDULE D-2 – TOTAL LOAN PAYM	ENTS	_	0
	I.	SCHEDULE E – TOTAL EXPENSE REI	MBURSEMENTS PAID	_	0
	J. SUB	TOTAL (Total of F, G, H, I)		_	1800.
4.	ENDING BA	(1985) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)		7 <u>-</u>	200.
	(ведіппінд	Balance plus 2E, minus 3J)			
5.	VALUE OF	NON-CASH ASSETS (From Schedule F)		a_	0
6.	VALUE OF	DISPOSED/TRANSFERRED ASSETS (From	n Schedule G)	-	0
7.	VALUE OF	LOANS AT END OF PERIOD (Loan Balanc	e from Schedule D-2)	_	0
8.	CLOSE OUT	BALANCE (Must equal zero if Committee	closed)		200.



### **SCHEDULE A - TOTAL RECEIPTS**

ACCT#: 110336	REPORTING PERIOD:	10/10/06	10/30/06	
		FROM	TO	

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. All receipts from Political Committees must be itemized. NOTE: If you receive funds from the same person or organization several times during the reporting cycle, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### RECEIPTS OF PERSONS IN EXCESS OF \$100 AND POLITICAL COMMITTEES:

Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
	03	GOPAL INC.	600 13th St. NW. WASHINGTON, DC 20005	6800.	1800.
		N N			
		A			
OTAL RE	CEIPTS OF	PERSONS IN EXCESS OF	\$100 AND POLITICAL COMMITTEES		1800.
		PERSONS NOT IN EXCES			0
	TAL RECEI			[	1800.
HIS TOTAL	SHOULD ALSO	O APPEAR ON PAGE 2, STATEM	ENT OF ACCOUNT BALANCE, ITEM 2A)		



### **SCHEDULE B - TOTAL EXPENDITURES**

ACCT #: 110 336	REPORTING PERIOD:	10/10/06	10/30/06	
		FROM	TO	

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount with office sought. NOTE: IF you expend funds to the same person or organization several times during the reporting cycle, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

### EXPENDITURES IN EXCESS OF \$100 AND POLITICAL COMMITTEES:

Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
10/10/06	FRIENDS OF BILL SMITH	1801 Lincoln Ave. Wilminston DE 19809	17	600.	600.
10/10/06	JAREMCHUK 2006 CAMPAIGN	300 SouthERN Rd. Wilminstan DE 19804	17	600.	600.
10/10/06	FRIEND OF ROB GILSDORF	8 Wheatland Circle, Middle town DE	17	600	600.
		19709			
	- I consultation				
			( <u> </u>		
TOTAL EX	PENDITURES IN EXCESS OF S	3100 AND POLITICAL COMMITTEES			1800.
TOTAL EX	PENDITURES TO PERSONS NO	OT IN EXCESS OF \$100		[	0
				-	
GRAND TO	OTAL EXPENDITURES			[	Ŏ
THIS TOTAL	SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, ITEM 3F)			



### SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #: 110336	REPORTING PERIOD:	10/10/06	10/30/06
		FROM	TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

### IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
			79	
			) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
1				
		7		
		20 (SMR2003) - 2		
OTAL IN-KIN	D CONTRIBUTIONS IN EXC	ESS OF \$100		0
o m. m.	Continue ito in all alle			
OTAL IN-KIN	D CONTRIBUTIONS NOT IN	EXCESS OF \$100		0
o mon m				
CRAND TOTA	L IN-KIND RECEIPTS			0
		21STATEMENT OF ACCOUNT BALANCE, IT	FM 2B)	



### SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #://0330	0	REPORTING PERIOD:	FROM	10/30/06
			FROM	TO
NOTE: If you pay each item must be IN-KIND EXPEN	in-kind expenditures to the sa listed if the aggregate amoun NDITURES IN EXCESS OF		nes during the reporting period, amounts are not.	
Date		Dayson		Estimated
Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Value Expende
	9			
	2			
				1
OTAL IN-KIND	EXPENDITURES IN EXC	CESS OF \$100		0

TOTAL IN-KIND EXPENDITURES NOT IN EXCESS OF \$100

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)

GRAND TOTAL IN-KIND EXPENDITURES



# SCHEDULE D-1 - LOANS RECEIVED

ACCT#:	ACCT#: 1/0336	REPORTING PERIOD:	10/10/06	10	10/30/06
All loans i	All loans in excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be	PERIOD should be itemized on this schedule. NOTE: Thes	FROM se loans must also be listed on Schedule D-2.		то
LOANS R	LOANS RECEIVED IN EXCESS OF \$50:				
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received

TOTAL LOANS RECEIVED
(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)

0



## SCHEDULE D-2 - LOANS

	ACCT#: 110336
	REPORTING PERIOD:
FROM	10/10/
TO '	16 10/30/0
	6

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

Received							SUVOI IVADA
and Mailing Address							No
and Mailing Address							
Description of Security							
Int Rate							
Original Loan Amount							١
Payments Made							1
Loan Balance							1



### SCHEDULE E - EXPENSE REIMBURSEMENTS

	5336		REPORT	NG PERIOD:	FROM
	rsements received by you and paid by you must be iter				
Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amoun	Reimbursement Received
TOTAL REIMBU	RSEMENTS RECEIVED	6			
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			
	NTS PAID (Monies paid by you to reimburse others Payee Name and Mailing Address		Activity Date	Total Expense Amount	Reimbursement Paid
REIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.		100000000	
REIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.		100000000	



REPORTING PERIOD:

### SCHEDULE F - NON-CASH ASSETS

ACCT #: 110336

TOTAL ASSET VALUE

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.  LIST ALL NON-CASH ASSETS:							

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



### SCHEDULE G - ELIMINATION OF ASSETS

ACCT #: 11033	6	REPORTING PERIOD:	10/10/06	10/30/06
			FROM	10/30/06 TO
Itemize all non-cash ass	sets disposed of, transferred or sold by	the organization during the reporting period.		
III NON GIOVIO	277700			
ALL NON-CASH ASS  Date	Description Description	Disposition		Value
Eliminated	of Asset	of Asset		Received
	MATERIAL STATE OF THE STATE OF			
	M			
	CONTRACTOR OF THE CONTRACTOR O			
	-			
TOTAL ASSETS FILE	MINATED			Ò

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)